

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial ElectionName of Candidate Linda J. WhittingtonAddress P. O. Box 185, Schlater, MS 38952-0185Telephone 662-392-0364 Fax 662-658-1241Contact Name Linda J. Whittington Email lwhittington@house.ms.govOffice Sought Representative, District 34 Political Party Democrat☐ Check here if above is different from previous reportTYPE OF REPORT

May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory

June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

XX January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,796.39	+\$ 400.00	\$ 2,196.39	\$ 2,196.39
Total amount of disbursements	\$ 0.00	+\$ 0.00	\$ 0.00	\$ 0.00
Total amount of cash on hand			\$ 2,196.39	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

01/03/2011

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and §13 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Linda J. WhittingtonReporting period January 01, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>balance forward from 2009</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rep. Linda J. Whittington		<u>01</u> / <u>01</u> / <u>10</u>	\$ 1,546.39
Mailing Address P. O. Box 185		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Schlater MS 38952-0185		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) State of Mississippi		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Representative, District 34		Aggregate year-to-date	\$ 1,546.39
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America		<u>11</u> / <u>04</u> / <u>10</u>	\$ 250.00
Mailing Address 135 N. Church St.		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Spartanburg SC 29306		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <n/a>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <n/a>		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Linda J. WhittingtonReporting period January 01, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$